ا <u>۾</u> ا	DEPARTMENT OF COMMERCE MISSOURI STATE B BUREAU OF THE CENSUS CLANDADD CEDTIC	
tate	SIED APR 12 1040 STANDARD CERTIF	FICATE OF DEATH State File No. 3711
ENT RECORD PHYSICIANS should state PATION is very important.	Registration District No. 399 Primary Registration Distri	rict No. Registrar's No.
shot r im	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
RECORD SICIANS S ON is very	(a) County askson //	Wa Bates
ECO CIAN N is	(b) City or town (If dutatic city or town limits, write "RUEAL" and name of township)	(a) State (b) County
rsic Top	(c) Name of hospital or institutions:	(c) City or town (If outside city or town limits, write "RURAL")
TAT TAT	(If not in papital or institution, write street number or look(A)	(d) Street No.
15	(d) Length of stay: In hospitator institution (Specify whether	(d) Street No. (1f rure), give location)
MM (SW)	In this community years, months or days)	(e) If foreign born, how long in U. S. A.?
AKE A PERMANENT RE stated EXACTLY. PHYSICI statement of OCCUPATION	8. (d) PRINT amy Mystle Lacy 700	MEDICAL CERTIFICATION
A i Ey		20. DATE OF DEATH: Month March day
KE ater	8. (b) If veteran, 8. (c) Social Security name war NO No NO	year /9 40 hour /0 minute 40 a M.
		21 I hereby coeffify that I attended the deceased from
	4. Se Leucule 5. Color or Lete 6. (a) Single, widowed, married, divorced Married	19 40 March 13 1940
1 👼 👼 📗	6. Name of husband or wife al. 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.
	Lenge & Lacy Palive 5 years	Immediate cause of death Duration
BLACK id. AGE y classifie	7. Birth date of deceased May 84 1885	Usenua.
BI Iy c	(Maria) (Day) (Year)	De la
SING B supplied. properly	8. AGE: Years Months Days If less than one day	Due to / Of Oshialist
	54 10 5 hr. min	Bharles unites
Carefully supplict may be proper	9. Birthplace Bates Mos	Due to
	(City, town, or county) (State or foreign country)	Other conditions \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
		(Include pregnancy within 3 months of death)
日間	11. Industry or business Wakshall	Major findings:
Sho Sho	12. Name Samuel Marshall [18] 18. Birthplace un lenour	Of operations. Underline the cause to
PLAINLY mation sho in terms, s	(City, town or county) (Class of foreign country)	Of autopsy Russiand weter should be
PL in t	14. Maiden name 2000 (City, town, organity) (State or foreign country)	extronormon y unine charged statistically.
ITE Plinform	15. Birthplace (City, town, operanty) (State or foreign country)	22. If death was due to external causes, fill in the following:
WRITE n of info IH in pla	16. (a) Informant's own signature	(a) Accident, suicide, or homicide (specify).
WI ry item of DEATH	(b) Address amalia dosia (100)	(c) Where did injury occur?
TY II	17. (a) (Burria) (b) Date thereof 3 14 40 (Month) (Day) (Year)	(City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?
ov. 5-17-39 N. B.—Every i CAUSE OF DI	(c) Place: burial or cremation Cressent + Hill	
5-17-39 F1 xig B.—Ev USE C	18. (a) Signature of funeral director author & Mangald	While at work? (Specify type of place) (Specify type of place) (c) Repair of injery
CAU B	(b) Address (Grantustus Mas)	23. Signature Taul a Thurse (M. D. or other)
24	19. (a) (Date received local registrar) (b) (Registrar's signature)	Address Marca Cty Illy Date signed
ļ	(Licensed Embalmer's Sta	stement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	mame is recorded on the re	everse side of this certificate was embalmed by me, or by
working under my personal supervision.		Signed Le & Mannacoli
		Licensed Embalmer No. 36/D P. O. Address Assisteralian W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS 5-17-39 1 ×21492

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

No. 9/11

	Registration District No. Primary Registration Dist	trict No Registrar's No
	1. PLACE OF DEATH;	2. USUAL RESIDENCE OF DECEASED:
RECORD	(a) County	(c) City or town
	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution (Specify whether In this community	(d) Street No. (If rural, give location)
PERMANENT	8. (a) PRINT FULL NAME 8. (b) If veteran, 3. (c) Social Security	(e) If foreign born, how long in U. S. A.? year MEDICAL GERTIFICATION 20. DATE OF DEATH: Month May /3
MAKE A	name war No	year
INK—M	4. Sex O race divorced 6. (c) Age of husband or wife if alive years	that I last saw h alive on
G BLACK	7. Birth date of deceased (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day	Due LO Complications
UNFADING	9. Birthplace (City, town, or county) (State or foreign country) 10. Usual occupation	Other conditions. (Include pregnancy within 3 months of death)
53 II	11. Industry or business H	Major findings: Oi operations Of autopsy Of autopsy
WRITE PLA	16. (a) Informant (b) Address	(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur?
-,	(6) Place: burial or cremation. (8) Signature of funeral director. (b) Address.	(City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place (Specify type of place) While at work? (c) Means of injury
	19. (a) (Data registred bodi registrer) (Registrar's signature)	23. Signature Aug G G G (M. D. or other) Address 3 / 5 Alounda Cal Date signed 5/3

(Licensed Embalmer's Statement on Reverse Side)

19	9	10			
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COLL A SPECIA A SPACE	THE PERSON DISTRICTION OF THE PERSON NAMED AND PERSON NAMED AS PARTY OF THE PERSON NAMED AS PARTY OF TH	

	I hereby certify that the body whose name is recorded on the reverse side of this	s certificate was embalmed by me, or by
•		•
		Registered Apprentice No

working under my personal supervision.				
	• •			

P. O. Address., the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank